



Create\Update a Facility\Home – Job Aid

Facilities\Homes are created in MPER. The Provider record is comprehensive and requires to have detailed information documented.

Accessing Provider Information screen

If Provider is either 'Facility' or 'Individual' AND Provider Type is either 'Direct Service Provider' or 'Internal Service Provider' AND the Type of Service at this Location 'Both', 'Placement', 'Placement & In-Home'. 'Placement & Prevention/Diversion' or 'Placement, In-Home, & Prevention/Diversion', the Type of Home becomes a required field.

1. Logging into the application brings your Agency into focus.
 - a. To bring an existing Facility into focus, click **My Facilities** in the left navigation bar.
 - i. From the *List of Facilities*, select the Facility of interest and click the **[Show]** button.
 - b. To create a new facility, navigate to a new *Provider Information* screen.
 - i. **Provider > New**
2. Complete the required and applicable fields in all sections and tabs.
3. Click the **[Save]** button to save the entries.
 - i. *TIP: The created entity appears in focus when saved.*

Accessing the Provider Information screen – New Facility

The screenshot displays the 'Provider Information' screen in the MPER system. The 'General Info' tab is selected. In the 'Agency/Facility' dropdown, 'Facility' is highlighted. The 'Provider Type' section shows 'Facility' selected with a red circle. Other fields include 'Provider Number', 'Agency/Facility (Tax Name As Verified on W-9)', 'Doing Business As', 'Prefix', 'First', 'Middle', 'Last', 'Suffix', 'Legal Status', 'SSN', 'Total Facility Capacity', 'Facility Type Code', 'Facility BDAP Number', 'Type of Service at this Location', 'JDE Number', 'FEIN Number', 'Total Annual Budget', 'TDD#', 'Provider School District', 'PH/AD Mainframe ID', 'In-Home Provider Type', 'Business Designation', 'Other', 'Provider Website Address', and 'Type of Home'. The 'Save' button is at the bottom.

Completing the Provider Information screen – General Info tab

General information section

1. Check *Facility* or *Individual*.
2. Check the *Provider Type*.
 - i. *TIP: The combination of these two checkboxes enables the remainder of the screen.*

Provider Information section

1. Complete the known information for the fields in this section.

AFCARS Fields section

- i. *TIP: This section is enabled only when Individual is selected.*
1. Select the *Date of Birth*, *Marital Status* and *Gender*.
 2. Select the *Date of Death*, if applicable.
 3. Select *Ethnicity*.
 4. Select a radio button for *Head of Household 1*, *Head of Household 2* or *N/A*. You can only choose one option.

Provider Detail section

1. Select the *Type of Service at this Location*.
2. Select the *Legal Status of the provider*.
3. Enter the *SSN (Social Security Number)*.
4. Enter the *JDE Number* and *FEIN Number*.
5. Enter the *Total Facility Capacity*, *Facility Type Code* and *Facility BDAP Number*.
6. Enter the *Total Annual Budget*.
 - i. *TIP: This field allows numbers only.*

7. Enter the # of Volunteers.
8. Select the In-Home Provider Type.
9. Select Is this facility bed Ready?
10. Enter the TDD# and FH/AD Mainframe ID.
11. Select the Business Designation.
12. To enter Provider School District information, click **[Select]** under the Provider School District box. Highlight all that apply, click **[>>]** and click **[OK]**. If Other is selected, the Other field is enabled.
13. Enter the Provider Website Address.
14. To enter Type of Home information, click **[Select]** under the Type of Home box. Highlight all that apply, click **[>>]** and click **[OK]**.
 - i. TIP: If Foster Care, Group Home, Residential or Shelter is selected, the Total Facility Capacity and Provider School District become required fields.
 - ii. TIP: The information on the Address tab must be completed before this screen can be saved.

Completing the Provider Information screen – Addresses tab

The screenshot shows the 'Addresses' tab of a software interface. At the top, there are five tabs: 'General Info', 'Addresses' (selected), 'Services Provided', 'Preference', and 'Household Member'. Below the tabs is a table with four columns: 'Address Type', 'Address Line 1', 'Address Line 2', and 'City'. Below the table is a large text area. Underneath the text area is a section titled 'Phone Number' with four sub-sections: 'Home Phone' (text input), 'Work Phone*' (text input), 'Extn' (text input), and 'Fax Phone' (text input). Below these are 'Other Phone Type' (dropdown), 'Other Phone' (text input), 'Extn' (text input), and 'Email Address *' (text input). Below the 'Phone Number' section is an 'Address*' section with a large text input field, an 'Edit' button, and a 'Start Date *' dropdown. To the right of the 'Address*' section is an 'End Date' dropdown. At the bottom of the form are three buttons: 'New', 'Save', and 'Cancel'.

1. Enter the Home Phone, Work Phone numbers and Extn.
2. Enter the Fax Number.
3. Select Other Phone Type. Enter the Other Phone number and Extn.
4. Enter an Email Address.
5. Click the **[Edit]** button to enter an address record.
 - i. TIP: To add an address, click **[Edit]** beneath the Address field. Select the type of address and information and click **[Search]**. The application verifies the address entered with Postal records to show possible alternatives. Select the correct address and click **[OK]**. If correct address does not appear as an option, select the box next to Save Without Verification and click **[OK]**.
6. Enter a Start Date. This is the date the facility occupied the address.
7. Click the **[Save]** button to save the screen.
 - i. TIP: One Local Address type must be added to save this screen.

NOTE: The first time a provider record is saved, the application searches to determine if this provider record exists for your agency. Any potential matches are displayed in a Search Results pop-up. Click the **[Select]** button located in the same section as the provider record you wish to select.

Completing the Provider Information screen – Services Provided tab

The screenshot shows a web application interface with five tabs: 'General Info', 'Addresses', 'Services Provided' (selected), 'Preference', and 'Household Member'. The 'Services Provided' tab contains four large text input areas: 'Other Services Provided', 'Referral Process', 'Restrictions/Additional Information', and 'Admission Requirements/Eligibility'. Each of these areas has a small magnifying glass icon on its right side. Below these areas are two columns. The left column is titled 'Payments/Insurance' and contains a 'Select' button. The right column is titled 'Special Skills/Background' and also contains a 'Select' button. At the bottom of the form are two buttons: 'Save' and 'Cancel'.

1. Enter a description for *Other Services Provided*, *Referral Process*, *Restrictions/Additional Information* and *Admission Requirements/Eligibility*.
2. To enter *Payment/Insurance* information, click **[Select]** under the *Payment/Insurance* box. Highlight all that apply, click **[>>]** and click **[OK]**.
3. To enter *Special Skills/Background* information, click **[Select]** under the *Special Skills/Background* box. Highlight all that apply, click **[>>]** and click **[OK]**.
4. Click the **[Save]** button to save entries.

Completing the Provider Information screen – Preferences tab

Provider Information

General Info | Addresses | Services Provided | **Preference** | Household Member

Preferred Clients

Select Preferred Clients

Room Structure

Number of Rooms	Number of Beds Per Room	Gender Restriction

New Save

Number of Rooms: Number of Beds Per Room: Gender Restriction:

PAT Level Able to Accept: Select Facility Interests: Select Provider Language Spoken: Select

Considerations

	Willing to Consider	Experienced with	Interested in Training
1. Verbal aggression	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical aggression	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
3. Destructive/disruptive behavior (firesetting, damage to property)	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4. Suicidal/self-harm behavior	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
5. Runaway from placement	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6. Sexually acting out behavior	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
7. Alleged/reported sexual abuse perpetrator	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
8. Mental health diagnosis	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
9. Substance abuse disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
10. School truancy/attendance issues	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
11. Intellectual disability diagnosis	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
12. Special medical needs/handicap accessibility	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
13. Pregnant/parenting teen	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
14. Transgender or gender non-conforming	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
15. Gay, lesbian or bisexual youth	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>

Shelter only or willing to accept both shelter and long-term:

Willing to accept siblings:

Willing to adopt:

Pets in facility:

If pets in the facility, please describe:

Additional Comments/Considerations:

Save Cancel

1. Complete the Preferred Clients section
 - a. Select the **[Select Provider Clients]** button. Complete the *Approved Number of Children* pop-up.
 - i. Select the *Gender*.
 - ii. Enter the *Number Preferred*, the *Yrs. and Mnth. of Ages Accepted From* and *Ages Accepted To*.

NOTE: Enter the number of children the facility would want to host by age and gender of preference. Multiple entries should only be created if preferences differ by gender or age.

- iii. Click **[Save]**. On first entry, answers populate in the grid.
- iv. On subsequent entries, click **[New]**. Complete the fields and click **[Save]** to create a new entry in the grid.
- v. Click **[OK]** to close the pop-up.

2. Complete the Room Structure section

- a. Enter the *Number of Rooms* and *Number of Beds Per Room*.
- b. Select the *Gender Restriction*.

NOTE: If there are multiple rooms with different numbers of beds or gender restrictions, please have an entry for every room. If the room structure is the same (e.g., 2 rooms with 2 beds that can take either boys or girls), you only need one entry.

- c. To enter *PAT Level Able to Accept* information, click **[Select]** under the *PAT Level Able to Accept* box. Highlight all that apply, click **[>>]** and click **[OK]**.
- d. To enter *Facility Interests* information, click **[Select]** under the *Facility Interests* box. Highlight all that apply, click **[>>]** and click **[OK]**.
- e. To enter *Provider Language Spoken* information, click **[Select]** under the *Provider Language Spoken* box. Highlight all that apply, click **[>>]** and click **[OK]**.

	Willing to Consider	Experienced with	Interested in Training
1. Verbal aggression	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
2. Physical aggression	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
3. Destructive/disruptive behavior (firesetting, damage to property)	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
4. Suicidal/self-harm behavior	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
5. Runaway from placement	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
6. Sexually acting out behavior	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
7. Alleged/reported sexual abuse perpetrator	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
8. Mental health diagnosis	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
9. Substance abuse disorder	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
10. School truancy/attendance issues	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
11. Intellectual disability diagnosis	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
12. Special medical needs/handicap accessibility	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
13. Pregnant/parenting teen	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
14. Transgender or gender non-conforming	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>
15. Gay, lesbian or bisexual youth	<input type="radio"/> Yes <input type="radio"/> No	<input type="checkbox"/>	<input type="checkbox"/>

3. Complete the Considerations section

- a. For items 1-15:
 - i. Click *Yes* or *No* in the *Willing to Consider* column.
 - ii. If applicable, check the box for *Experienced with* and *Interested in Training*.
- b. Select *Shelter only* or *willing to accept both shelter and long-term*.
- c. Select *Willingness to accept siblings*.
- d. Select *Willing to adopt*.
- e. Select *Pets in the facility*. If *Yes*, complete the *If pets in the facility, please describe narrative* field.
- f. Enter notes in the *Additional Comments/Considerations* field.

- i. *TIP: The Household Member screen is only enabled for Individual providers.*
1. To create a new household member, click the **[New]** button.
 - a. To edit an existing household member, highlight the household member from the *Householder Member(s)* grid.
2. Enter the name in the *Prefix*, *First*, *Middle* and *Last* fields.
3. Check the applicable box for *Care 25Hr FL*, *Respite Service FL*, *Received Child Clearance* and *Received Criminal Clearance*.
4. Enter *Minimum Age Served* and *Maximum Age Served*.
5. Select the *NA Child Clearance Reason*.
6. Select the *NA Criminal Clearance Reason*.
7. Select the *Date of Birth*.
8. Enter the *SSN* (Social Security Number).
9. Enter the *Gender*.
10. Select the *Date of Death*, if applicable.
11. Select the *religion* and *Marital Status*.
12. Select a radio button for *Head of Household 1*, *Head of Household 2* or *N/A*. You can only choose one option.
 - i. *TIP: If the Household Member is indicated to be HOH 1, then the relationship to HOH 2 is selected. The Relationship to HOH 1 defaults to 'Self'.*
13. Select the *Ethnicity*.
14. To enter the *Race* information, click **[Select]** under the *Race* box. Highlight all that apply, click **[>>]** and click **[OK]**.
15. Click the **[Save Household Member]** at the bottom of the screen.

For more information...

For more information on this communication or for assistance, please be sure to contact the Help Desk at Helpdesk-dhs@alleghenycounty.us or 412-350-4357 Option 2.